

TITLE V BLOCK GRANT APPLICATION

FORMS (2-21)

STATE: VI

APPLICATION YEAR: 2013

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FORM 2
MCH BUDGET DETAILS FOR FY 2013
[Secs. 504 (d) and 505(a)(3)(4)]
STATE: VI

1. FEDERAL ALLOCATION		\$	1,444,717
(Item 15a of the Application Face Sheet [SF 424])			
Of the Federal Allocation (1 above), the amount earmarked for:			
A. Preventive and primary care for children:			
\$	433,415	(30 %)
B. Children with special health care needs:			
\$	866,830	(60 %)
(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]			
C. Title V administrative costs:			
\$	144,471	(10 %)
(The above figure cannot be more than 10%)[Sec. 504(d)]			
2. UNOBLIGATED BALANCE (Item 15b of SF 424)		\$	0
3. STATE MCH FUNDS (Item 15c of the SF 424)		\$	0
4. LOCAL MCH FUNDS (Item 15d of SF 424)		\$	1,205,253
5. OTHER FUNDS (Item 15e of SF 424)		\$	171,500
6. PROGRAM INCOME (Item 15f of SF 424)		\$	0
7. TOTAL STATE MATCH (Lines 3 through 6)		\$	1,376,753
(Below is your State's FY 1989 Maintenance of Effort Amount)			
\$	1,189,489		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)		\$	2,821,470
(Total lines 1 through 6. Same as line 15g of SF 424)			
9. OTHER FEDERAL FUNDS			
(Funds under the control of the person responsible for the administration of the Title V program)			
a. SPRANS:	\$	0	
b. SSDI:	\$	65,357	
c. CISS:	\$	0	
d. Abstinence Education:	\$	0	
e. Healthy Start:	\$	0	
f. EMSC:	\$	0	
g. WIC:	\$	0	
h. AIDS:	\$	0	
i. CDC:	\$	0	
j. Education:	\$	0	
k. Home Visiting:	\$	1,500,000	
l. Other:			
<u>Newborn Hearing</u>	\$	250,000	
	\$		
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	1,815,357
11. STATE MCH BUDGET TOTAL		\$	4,636,827
(Partnership subtotal + Other Federal MCH Funds subtotal)			

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main

Field Name: OtherFunds

Row Name: Other Funds

Column Name:

Year: 2013

Field Note:

The local government provides funds from the Health Revolving Funds to supplement the funds out of the General Funds. Health Revolving Funds are generated from a pool of income from various programs and are distributed in lieu of program income.

2. **Section Number:** Form2_Main

Field Name: ProgramIncome

Row Name: Program Income

Column Name:

Year: 2013

Field Note:

There are no program income. The Health Revolving Fund is provided instead of program income.

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: VI

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 1,599,698	\$ 1,390,686	\$ 1,533,492	\$ 1,512,213	\$ 1,512,213	\$ 1,508,714
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 1,292,937	\$ 1,381,173	\$ 1,372,138	\$ 1,332,435	\$ 0	\$ 1,165,575
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1,388,966	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 140,000	\$ 0	\$ 140,000	\$ 140,000	\$ 140,000
6. Program Income <i>(Line6, Form2)</i>	\$ 140,000	\$ 0	\$ 150,000	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 3,032,635	\$ 2,911,859	\$ 3,055,630	\$ 2,984,648	\$ 3,041,179	\$ 2,814,289
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
9. Total <i>(Line11, Form2)</i>	\$ 3,032,635	\$ 2,911,859	\$ 3,055,630	\$ 2,984,648	\$ 3,041,179	\$ 2,814,289
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: VI

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 1,511,960	\$ 1,286,384	\$ 1,492,742	\$ _____	\$ 1,444,717	\$ _____
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
3. State Funds <i>(Line3, Form2)</i>	\$ 0	\$ 0	\$ 1,376,753	\$ _____	\$ 0	\$ _____
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 1,256,561	\$ 1,205,253	\$ _____	\$ _____	\$ 1,205,253	\$ _____
5. Other Funds <i>(Line5, Form2)</i>	\$ 140,000	\$ 140,000	\$ _____	\$ _____	\$ 171,500	\$ _____
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ _____	\$ _____	\$ 0	\$ _____
7. Subtotal	\$ 2,907,521	\$ 2,631,637	\$ 2,869,495	\$ 0	\$ 2,821,470	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 0	\$ 500,000	\$ 600,000	\$ _____	\$ 1,815,357	\$ _____
9. Total <i>(Line11, Form2)</i>	\$ 2,907,521	\$ 3,131,637	\$ 3,469,495	\$ 0	\$ 4,636,827	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2011
Field Note:
In 2012, personnel that were not providing direct services(5) but whose salaries were funded by Federal monies were laid off in August and their salaries totalled
Lack of contracts for speciality service providers and lack of administrative staff to process the bills in a timely fashion also contributed to the discrepancies between what was budgeted and what was expended.
Retirement of one of the Physicians in October 2012 after a 2 month leave of absence also contributed to a significant decrease in services and referrals to specialist.
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2010
Field Note:
Total reflects actual amount of grant award received and expended.
3. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2010
Field Note:
Total reflects actual amount received and expended from State/Local funds for FY 2010.
4. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2010
Field Note:
Total reflects actual amount received from State/Local funds for FY 2010.
5. **Section Number:** Form3_Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2011
Field Note:
Funds were used for outreach activities - hearing screening (obtaining screening equipment and supplies for 2 more screeners) for Head Start children and for materials for the WE CAN program (brochures and educational materials) and national material.
6. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2011
Field Note:
Maternal Infant and Early Childhood Home Visitation (MIECHV) Grant was awarded in 2010 in the amount of \$500,000.

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
 [Secs 506(2)(2)(iv)]
 STATE: VI

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 479,909	\$ 479,909	\$ 460,048	\$ 456,177	\$ 456,177	\$ 422,144
b. Infants < 1 year old	\$ 479,909	\$ 479,909	\$ 460,048	\$ 456,177	\$ 456,177	\$ 422,144
c. Children 1 to 22 years old	\$ 884,776	\$ 814,000	\$ 914,965	\$ 907,470	\$ 912,353	\$ 844,287
d. Children with Special Healthcare Needs	\$ 884,777	\$ 834,777	\$ 914,966	\$ 907,471	\$ 912,354	\$ 844,286
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 303,264	\$ 303,264	\$ 305,563	\$ 304,118	\$ 304,118	\$ 281,428
g. SUBTOTAL	\$ 3,032,635	\$ 2,911,859	\$ 3,055,630	\$ 3,031,413	\$ 3,041,179	\$ 2,814,289
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
III. SUBTOTAL	\$ 0		\$ 0		\$ 0	

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
 [Secs 506(2)(2)(iv)]
 STATE: VI

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 436,128	\$ 324,028	\$ 447,822	\$	\$ 423,266	\$
b. Infants < 1 year old	\$ 436,128	\$ 324,028	\$ 447,823	\$	\$ 423,267	\$
c. Children 1 to 22 years old	\$ 872,256	\$ 842,056	\$ 895,644	\$	\$ 564,355	\$
d. Children with Special Healthcare Needs	\$ 872,257	\$ 850,773	\$ 895,645	\$	\$ 987,315	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 141,089	\$
f. Administration	\$ 290,752	\$ 290,752	\$ 182,561	\$	\$ 282,178	\$
g. SUBTOTAL	\$ 2,907,521	\$ 2,631,637	\$ 2,869,485	\$ 0	\$ 2,821,470	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 0		\$ 100,000		\$ 65,357	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 1,500,000	
l. Other						
Newborn Hearing	\$ 0		\$ 0		\$ 250,000	
MCHIEHV	\$ 0		\$ 500,000		\$ 0	
III. SUBTOTAL	\$ 0		\$ 600,000		\$ 1,815,357	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: PregWomenExpended

Row Name: Pregnant Women

Column Name: Expended

Year: 2011

Field Note:

In 2011 there were significant changes to Program personnel. One of the MCH physicians resigned in October after a 2 month leave of absence, leaving a major gap in services. There were also other resignations and transfer of nurses (2) which also left gaps in services. These positions were not filled until 2012 and administrative staff were laid off (5) which left a delay in purchasing medical supplies and equipment. No new contracts were signed to reallocate funds.

2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: Children_0_1Expended

Row Name: Infants <1 year old

Column Name: Expended

Year: 2011

Field Note:

In 2011 there were significant changes to Program personnel. One of the MCH physicians resigned in October after a 2 month leave of absence, leaving a major gap in services. There were also other resignations and transfer of nurses (2) which also left gaps in services. These positions were not filled until 2012 and administrative staff were laid off (5) which left a delay in purchasing medical supplies and equipment. No new contracts were signed to reallocate funds.

3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2012

Field Note:

Projections are based on amount of grant award for FY 2011 and on actual local funds received during the same period.

Projections for CHSCN estimates are based on expenditures for FY 2010 and to date for FY 2011.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: VI

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,807,635	\$ 2,635,469	\$ 2,805,630	\$ 2,805,713	\$ 2,711,179	\$ 2,514,289
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 45,000	\$ 0	\$ 50,000	\$ 35,000	\$ 50,000	\$ 50,000
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 100,000	\$ 196,390	\$ 100,000	\$ 100,000	\$ 180,000	\$ 150,000
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 80,000	\$ 80,000	\$ 100,000	\$ 90,700	\$ 100,000	\$ 100,000
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 3,032,635	\$ 2,911,859	\$ 3,055,630	\$ 3,031,413	\$ 3,041,179	\$ 2,814,289

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: VI

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,482,521	\$ 2,366,637	\$ 2,589,495	\$	\$ 2,539,322	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 125,000	\$ 75,000	\$ 50,000	\$	\$ 56,291	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 100,000	\$ 60,000	\$ 80,000	\$	\$ 84,637	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 200,000	\$ 130,000	\$ 150,000	\$	\$ 141,220	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 2,907,521	\$ 2,631,637	\$ 2,869,495	\$ 0	\$ 2,821,470	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2011
Field Note:
In 2011, Physician resigned in September after a 2 month leave of absence. Her salary was fully Federally funded. Loss of administrative personnel to pay bills needed to maintain clinical supplies and materials in a timely fashion also contributed to the discrepancy between the budgeted amount and the expended amount. Also had the transfer of one nurse and the retirement of another nurse - leaving deficiencies in services. A new Physician and Nurse were hired in 2012.
2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2011
Field Note:
In 2011, Physician resigned in September after a 2 month leave of absence. Her salary was fully Federally funded. Loss of administrative personnel to pay bills needed to maintain clinical supplies and materials in a timely fashion also contributed to the discrepancy between the budgeted amount and the expended amount. Also had the transfer of one nurse and the retirement of another nurse - leaving deficiencies in services. A new Physician and Nurse were hired in 2012. Lack of clinical staff resulted in limited outreach capabilities.
3. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2011
Field Note:
In 2011, Physician resigned in September after a 2 month leave of absence. Her salary was fully Federally funded. Loss of administrative personnel to pay bills needed to maintain clinical supplies and materials in a timely fashion also contributed to the discrepancy between the budgeted amount and the expended amount. Also had the transfer of one nurse and the retirement of another nurse - leaving deficiencies in services. A new Physician and Nurse were hired in 2012.
4. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2010
Field Note:
Newborn screening was fully transitioned to both hospitals in FY 2009, therefore decreasing these costs.
5. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2011
Field Note:
if out

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: VI

Total Births by Occurrence: 1,784

Reporting Year: 2011

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	1,513	84.8	0	0	0	
Congenital Hypothyroidism	1,513	84.8	15	0	0	
Galactosemia	1,513	84.8	0	0	0	
Sickle Cell Disease	1,513	84.8	4	4	4	100
Other Screening (Specify)						
Biotinidase Deficiency	1,513	84.8	14	0	0	
Cystic Fibrosis	1,513	84.8	2	0	0	
G6PD Deficiency	1,513	84.8	81	81	25	30.9
Screening Programs for Older Children & Women (Specify Tests by name)						
Head Start Hearing Screening	836		0	0	0	
Gonorrhea	1,756		93	0	0	
HIV	1,634		146	0	0	
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

The Newborn Screening covers more than 50 disorders including amino acid and acylcarnitine profiles, congenital adrenal hyperplasia, cystic fibrosis and biotinidase deficiency.

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurrence
Row Name: Total Births By Occurrence
Column Name: Total Births By Occurrence
Year: 2013
Field Note:
Total reflects live birth admissions to the newborn nurseries at Schneider Regional Medical Center (St. Thomas' St. John District) and Gov Juan Luis Hospital (St. Croix District).
2. **Section Number:** Form6_Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2013
Field Note:
The laboratory uses Tandem Mass Spectrometry for the initial screening and those that are reported as presumptive positive for congenital hypothyroidism are repeated and are medically evaluated.
3. **Section Number:** Form6_Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2013
Field Note:
Tandem Mass Spectrometry is used for the initial screening. There were no presumptively positive results.
4. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2013
Field Note:
There were no reported presumptive positive screens for PKU
5. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2013
Field Note:
Those results that were positive for congenital hypothyroidism had repeat thyroid testing and came back negative. Medical history and physical examinations on these infants also revealed no features consistent with congenital hypothyroidism.
6. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2013
Field Note:
There were no presumptively positive results for Galactosemia.
7. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2013
Field Note:
The presumptively positive were confirmed by DNA and all were found to be positive. Counseling and medical evaluations were performed and treatment was instituted.
8. **Section Number:** Form6_Main
Field Name: Congenital_TreatmentNo
Row Name: Congenital
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
No treatment was needed since the repeat testing was negative and no other physical evidence supported clinical disease.
9. **Section Number:** Form6_Main
Field Name: Galactosemia_TreatmentNo
Row Name: Galactosemia
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
No treatment was needed since results were negative.
10. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2013
Field Note:
Tandem Mass Spectrometry is performed as an initial screening test for 50 metabolic disorders including Biotinidase, Cystic Fibrosis and G6PD deficiency. Results that are presumptively positive or inconclusive for Biotinidase, Cystic Fibrosis, Galactosemia, G6PD Deficiency, Glutaric Acid Type I (Amish Population only), MCAD deficiency, LCHAD, Sickle Cell and other hemoglobinopathies are repeated but undergo a second tier DNA confirmation testing since these disorders that have common mutations for presumptive positives. The DNA is a confirmatory test and the repeated test results were negative for the presumptively positive/inconclusive Biotinidase and Cystic Fibrosis. DNA analysis for G6PD Deficiency is performed for the 5 most common mutations to cause G6PD Deficiency which represents 89% of all G6PD cases in the US population. All those that were presumptively positive for G6PD were confirmed as positive by DNA analysis and counselling was performed since there is no treatment for this disorder.

The territorial Audiologist and trained Hearing screeners routinely screen HeadStart children to identify hearing deficiencies/loss to be able to enable in Early Intervention Service and evaluate for hearing devices.

The VirGin Islands Dept of Health Communicable Disease Division STD/HIV/TB Program HIV Surveillance Unit provides screenings on men and women from adolescents to adulthood and the 2011 results of their surveillance are reported in the other screening. They do not report on what percentage of those that are positive receive treatment. They do encourage treatment for those individuals identified and their partners.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(By CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: VI

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	674	732	716	1,446	1,365
Infants < 1 year old	1,760	1,772	1,844	1,755	1,642
Children 1 to 22 years old	3,826	3,412	4,155	4,229	2,675
Children with Special Healthcare Needs	1,044	1,248	1,530	1,505	965
Others	0	852	762	562	712
Total	7,304	8,016	9,007	9,527	7,359

Reporting Year: 2011

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,209	65.0	0.0	2.0	33.0	0.0
Infants < 1 year old	1,494	59.0	0.0	9.0	32.0	0.0
Children 1 to 22 years old	2,768	50.0	0.0	8.0	42.0	0.0
Children with Special Healthcare Needs	1,098	55.0	0.0	2.0	43.0	0.0
Others	927	59.0	0.0	1.0	10.0	30.0
TOTAL	7,496					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWbmen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2013
Field Note:
Total number reflects prenatal care at the 2 FQHCs (one in S. Thomas and the other in St. Croix), and the MCH Prenatal Clinics in St. Croix during Calendar year 2011. These are estimates as data was not available from the Community Health Prenatal Clinic in St. Thomas
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Total number includes patients seen in the MCH Pediatric Clinics in St. Thomas and St. Croix as well as the children seen in the 2 FQHC's (one in St. Thomas and the other in St. Croix).
3. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2013
Field Note:
Others served include Audiology services provided to Headstart and to the community; Physical Therapy services provided to the children with special needs including wheelchair fitting with the Special Education Department; Shriner's evaluations for orthopedic and orthotics; and Speech evaluations/therapy to the Infants and Toddlers program, private schools, sports physicals within the public school system and JROTC physicals done within the school system

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX
(By RACE AND ETHNICITY)
[Sec. 506(a)(2)(C-D)]
STATE: VI

Reporting Year: 2011

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,779	115	1,326	0	2	0	0	336
Title V Served	1,494	6	1,419	0	0	0	0	69
Eligible for Title XIX	941	2	934	0	0	0	0	5
INFANTS								
Total Infants in State	1,779	115	1,326	0	2	0	0	336
Title V Served	1,494	6	1,419	0	0	0	0	69
Eligible for Title XIX	881	2	874	0	0	0	0	5

II. UNDUPLICATED COUNT BY ETHNICITY

	HISPANIC OR LATINO (Sub-categories by country or area of origin)							
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,002	207	570					207
Title V Served	1,041	180	300					180
Eligible for Title XIX	641	100	200					100
INFANTS								
Total Infants in State	1,002	207	570					207
Title V Served	1,019	180	300					180
Eligible for Title XIX	581	100	200					100

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2013
Field Note:
This data is obtained from the Newborn Screening database report for live birth admissions in calendar year 2011 and is not verified by DOH Office for Health Statistics.
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_White
Row Name: Total Deliveries in State
Column Name: White
Year: 2013
Field Note:
Total deliveries are based on the NBS data 2011
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2013
Field Note:
Numbers are based on the Newborn Screening populations. The numbers for this data are not available from the Bureau of Vital Statistics
4. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2013
Field Note:
Data not collected by Hispanic origin or ethnicity.
5. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2013
Field Note:
Data not collected by Hispanic origin or ethnicity
6. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
Data not collected by Hispanic origin or ethnicity
7. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2013
Field Note:
Data not collected by Hispanic origin or ethnicity
8. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2013
Field Note:
Data not collected by Hispanic origin or ethnicity
9. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
Data not collected by Hispanic origin or ethnicity

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(a)(E) AND 509(a)(8)]
STATE: VI

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(a)(E) AND 509(a)(8)]
STATE: VI

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(866)248-4004	(866)248-4004	(866)248-4004	(866)248-4004	(866) 248-4004
2. State MCH Toll-Free "Hotline" Name	MCH & CSHCN Information Desk	MCH & CSHCN Information Desk			
3. Name of Contact Person for State MCH "Hotline"	Marlene Ostalaza	Marlene Ostalaza	Marlene Ostalaza	Marlene Ostalaza	Marlene Ostalaza
4. Contact Person's Telephone Number	(340)776-3580	(340) 776-3580	(340) 776-3580	(340) 776-3580	(340) 776-3580
5. Contact Person's Email	marlene.ostalaza@usvi-doh.org	marlene.ostalaza@usvi-doh.org	marlene.ostalaza@usvi-doh.org	marlene.ostalaza@usvi-doh.org	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	100	50

FORM NOTES FOR FORM 9

The State MCH toll-free number is linked to the main number. The telephone company is unable to provide specific information relative to the number of calls made. Estimates are based on the number of calls made to the main line requesting information regarding the services provided including speciality clinics. Calls requesting medical advice are referred to the Head Nurse and Physician on call.

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2013
[Sec. 506(a)(1)]
STATE: VI

1. State MCH Administration:
(max 2500 characters)

The Virgin Island Department of Health (DOH) functions as both the "legislative authorized agency and the territorial public health agency that provides health services for the people of the U.S. Virgin Islands" as set forth by the Virgin Islands Code, Titles 3 and 19, the VIDOH is directly responsible for conducting programs of preventive medicine, including special programs in Maternal and Child Health; Family Planning; Environmental Health; Mental Health, and Drug and Substance Abuse Prevention. DOH also is responsible for health promotion and protection; regulating health care providers and facilities; policy development and planning, and maintaining the vital statistic information for the population. The DOH is the official Title V agency designated to administer the Maternal and Child Health and Children With Special Health Care Needs Program (MCH & CSHCN) pursuant to Title 19, Chapter 7, Section 151 of the Virgin Islands Code. The MCH & CSHCN Program is a unit within DOH, one of 14 government departments. The Department of Health is headed by the Commissioner of Health. The Department of Health was reorganized in February 2010. The executive staff consists of the Commissioner of Health; Assistant Commissioner of Health; Administrator for Policy and Program Planning; Deputy Commissioners for Divisions for the following areas: Public Health Services, Fiscal Affairs, Administrative Services and Management and Health Promotion and Disease Prevention. The MCH & CSHCN Program is supposed to report directly to the Deputy Commissioner for Health Promotion & Disease Prevention which is now vacant; therefore MCH & CSHCN currently reports to the District Health Officer. The MCH & CSHCN Program is operated as a single organizational unit and serves as both local and state agency. The program is one integrated program within the Department of Health. This allows for more efficient use of limited human and fiscal resources and better collaboration and coordination of services in MCH. The Administrative Unit is composed of the Director for MCH & CSHCN, Assistant Director, Program Administrator, Territorial Financial Manager, and Office Manager (currently vacant). MCH Administration fosters partnerships throughout the community and provides leadership on various agency boards including VI Perinatal, Inc, VI Alliance for Primary Care and the Interagency Coordinating Council for the Infants and Toddlers Program that address maternal and child health issue

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 1,444,717
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 0
5. Local MCH Funds (Line 4, Form 2)	\$ 1,205,253
6. Other Funds (Line 5, Form 2)	\$ 171,500
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 2,821,470

9. Most significant providers receiving MCH funds

_____	<u>Clinical specialty/sub-specialty consultants</u>
_____	<u>Physiological/diagnostic testing - EKG/ECHO</u>
_____	<u>Diagnostic laboratory/radiology for uninsured pts</u>
_____	<u>Hearing Aides</u>

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	_____ 1,209
b. Infants < 1 year old	_____ 1,494
c. Children 1 to 22 years old	_____ 2,768
d. CSHCN	_____ 1,098
e. Others	_____ 927

11. Statewide Initiatives and Partnerships

a. Direct Medical Care and Enabling Services
(max 2500 characters)

Direct health care services are defined as basic health services. The program provides health care services for mothers, infants, children, youth, adolescents and their families both directly and through collaboration with the Federally Qualified Health Centers. The program also provides and coordinates a system of preventive and primary health care services for this population. These services include prenatal and high-risk prenatal care clinics; postpartum care; well child care; high risk infant and pediatric clinics; care coordination and access to pediatric sub-specialty care for children and adolescents with special health care needs. The program assures access to preventive and primary health services for infants, young children and adolescents, including allied health and other health related services. For children, ages 0-21, with disabilities and chronic conditions, the program provides preventative and primary care, therapeutic and rehabilitative services. Specialty clinics provide pediatric specialty services that are generally unavailable or inaccessible to low-income, uninsured or underinsured families. Specialty services are offered to all children in the territory regardless of ability or inability to pay. Translation services at clinics are available through bilingual staff for Spanish speaking clients and as well as clients with French dialects from the eastern Caribbean islands. Recruitment efforts are still underway to employ 2 bilingual interpreters (French Creole and Spanish) per island on a part-time basis. Nutrition services are offered by Women, Infant and Children's Program (WIC), and by referral to private practice nutritionists. Coordinated parent/family involvement and support is also provided through the Department of Human Services. Case management is provided directly to children with special health care needs and their families in order to assist and increase access to coordinated and appropriate care. Prenatal services in MCH include: prenatal intake for new patients in which the history, physical, risk assessment, PAP smear, and laboratory referrals are completed; routine follow-up and counseling; teen prenatal; and perinatal/high risk clinic for the management of obstetrically or medically complex cases. Diagnostic services, such as ultrasounds and laboratory services, are provided for MCH clients by the hospitals or private facilities.

b. Population-Based Services
(max 2500 characters)

Population-based services are defined as services that are intended for and available to the entire population, rather than for a select group of individuals. In order to effectuate this goal, the program partners with various providers, agencies and organizations to have a greater impact in the community. Collaborations with Human Services, Justice, Education and the Police Departments enhance the outreach effectiveness of the program and offer leverage to access a larger segment of the maternal and child population. Disease prevention, health promotion and health education are some of the categories addressed through these partnerships. The MCH & CSHCN Program offers three population-based preventive services: immunization services; newborn genetic/metabolic screening follow-up, and newborn hearing screening. In collaboration with the VI Immunization Program, vaccines (Vaccine for Children- VFC), assessments of immunization levels, monitoring of vaccine usage and evaluation of vaccine reactions are provided. Health education outreach is achieved in conjunction with the Health Education Program. Education is provided on an array of health care services through outreach programs, brochures, pamphlets, books and on site consultations. This information is disseminated to the public through various health fairs throughout the year in the Territory. Outreach services include site visits to homes and schools for primary and preventative care and health education by staff nurses and through collaborative partnerships with various non-profit, private and government agencies. Programs available assist in social development, parenting skills, nutrition and injury prevention. The Departments of Education and Human Services in conjunction with the Community Foundation and MCH & CSHCN Program, hosts Best Beginnings, an annual conference that offers educators, health care providers, parents and child care providers, guidance on evidence based methods of appropriate child care from social, physical and educational development, to primary and preventative care and epidemiology. To ensure better safety standards and compliance, the Office of Highway Safety, conducts site

visits at schools and at the clinics to educate and assist parents with the proper use of infant and booster seats as well as to provide car seats to those that are in need. Lead screening was initiated on all children receiving care at the MCH Clinics during fiscal year 2009.

c. Infrastructure Building Services
(max 2500 characters)

The program continued activities directed at assuring the availability of the infrastructure necessary for delivery of services to the maternal/child population and to increase access to quality health care for families who lack sufficient financial resources to meet the costs of medical care. Access to staff development activities, training and technical assistance to assure continuous quality of care was provided. Improvement in data collection activities for monitoring and evaluation of services to this population was undertaken during this fiscal year. Challenges remain with a lack of adequate data linkages and child health information systems to support program activities including data collection and analysis. Program policy and procedures manual is revised to address the need for standards and guidelines for service provision, data collection, training and quality assurance / improvement. Planning activities directed at addressing infrastructure and development of a comprehensive continuous quality improvement plan to assist in building organizational development and system capacity were initiated in FY 2008 and resulted in the formation and development of a Continuous Quality Improvement (CQI) Team within the MCH Program structure. The CQI Team continues to assist with the development and implementation of strategic plans to improve coordination and integration of MCH services; assist MCH leadership and management in the development and implementation of a comprehensive CQI plan to ensure ongoing assessment, program planning, evaluation processes and practice; and improve ability to develop and conduct 5-year needs assessment. Technical Assistance from MCHB was awarded for the crucial CQI activities.

12. The primary Title V Program contact person:

Name Arlene Smith-Lockridge, MD
 Title Director
 Address 1303 Hospital Ground Ste #10
 City St. Thomas
 State VI
 Zip 00802-6722
 Phone (340) 776-1239
 Fax (340) 774-8633
 Email arlene.lockridge@usvi-doh.org
 Web _____

13. The children with special health care needs (CSHCN) contact person:

Name Arlene Smith-Lockridge, MD
 Title Director
 Address 1303 Hospital Ground Ste #10
 City St. Thomas
 State VI
 Zip 00802-6722
 Phone (340) 776-1239
 Fax (340) 774-8633
 Email arlene.lockridge@usvi-doh.org
 Web _____

14. State Family or Youth Leader Contact person:

Name Arlene Smith-Lockridge, MD
 Title Director
 Address 1303 Hospital Ground Ste #10
 City St. Thomas
 State VI
 Zip 00802-6722
 Phone (340) 776-1239
 Fax (340) 774-8633
 Email arlene.lockridge@usvi-doh.org
 Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	30	30	40	40	40
Annual Indicator	20.0	12.2	4.7	41.8	32.0
Numerator	250	187	70	403	351
Denominator	1,248	1,530	1,505	965	1,098
Data Source		HealthPro/MCH	Client Satisfaction Survey	Client Satisfaction Survey	Client Satisfaction Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	40	45	50	50	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator is # children with special needs receiving services during reporting year at MCH program clinics.

Numerator is # obtained from client satisfaction surveys given throughout the reporting year and 2010 needs assessment.

2. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is # children with special needs receiving services during reporting year at MCH program clinics.

Numerator is # obtained from client satisfaction surveys given throughout the reporting year and 2010 needs assessment.

3. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

Numerator based responses to client satisfaction survey during March-April 2010 in St. Thomas-St. John District.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	50	50	55	60	60
Annual Indicator	38.1	54.6	39.9	45.0	30.0
Numerator	475	835	600	434	329
Denominator	1,248	1,530	1,505	965	1,098
Data Source		HealthPro/MCH	MCH Program	MCH Program	Health Pro Database System/MCH
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	60	60	65	65	65
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2011

Field Note:

More than half of all CSHCN with high complexity diagnoses receive care coordination services at MCH clinics in both districts.

These services meet the requirements of the medical home model as defined by the American Academy of Pediatrics as "a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.

Denominator obtained from MCH clinics monthly reports.

Numerator reflects the estimated number of children requiring care/service coordination by public health physicians and nurses, and are considered to have complex medical diagnoses; require home visits, IEP's, and multi-specialty services.

2. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is # children with special needs receiving services at MCH program clinics during reporting year.

Numerator obtained from 2010 needs assessment responses to questions related to care coordination and satisfaction with services.

3. Section Number: Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

More than half of all CSHCN with high complexity diagnoses receive care coordination services at MCH clinics in both districts.

These services meet the American Academy of Pediatrics defines the medical home as "a model of delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.

Denominator obtained from MCH clinics monthly reports.

Numerator reflects estimate of number of children requiring care/service coordination by public health nurses, are considered to have complex medical diagnoses; require home visits, IEP's, and multi-specialty services.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	35	35	35	35	50
Annual Indicator	25.0	52.0	8.3	65.0	50.0
Numerator	312	795	125	627	549
Denominator	1,248	1,530	1,505	965	1,098
Data Source		HealthPro	MCH Program	MCH 2010 NA	HealthPro database/MCH
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	60	60	65	65
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

Numerator obtained from MCH clinics via Health Pro database in both districts reflecting families reporting a source of insurance including Medicaid.

Denominator obtained from MCH clinics monthly reports of CSHCN.

2. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2010

Field Note:

Numerator reflects # of respondents who have insurance coverage public or private for their special needs child and are satisfied.

Data obtained from 2010 needs assessment.

3. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

Numerator obtained from MCH clinics in both districts reflects families reporting a source of insurance other than Medicaid.

Denominator obtained from MCH clinics monthly reports.

52% of families accessing care at MCH Program report no source of insurance.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	30	30	35	35	40
Annual Indicator	14.8	0.0	0.0	28.9	20.0
Numerator	185	0	0	279	220
Denominator	1,248	1,530	1,505	965	1,098

Data Source

MCH Program

MCH Program

MCH 2010 NA

MCH Program/CSHCN Survey

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	40	40	40	40	40
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

Numerator: number reflects the responses of families in the CSHCN Survey for reporting year.

Denominator: the number of children with CSHCN attending MCH clinics in both districts.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

Information for this measure was not collected.

Questions related to this measure were included in the 2010 Needs Assessment.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>30</u>	<u>35</u>	<u>20</u>	<u>20</u>	<u>10</u>
Annual Indicator	<u>1.2</u>	<u>0.7</u>	<u>0.3</u>	<u>6.7</u>	<u>2.6</u>
Numerator	<u>15</u>	<u>11</u>	<u>5</u>	<u>65</u>	<u>20</u>
Denominator	<u>1,248</u>	<u>1,530</u>	<u>1,505</u>	<u>965</u>	<u>784</u>
Data Source		MCH Program	MCH Program	MCH Program	MCH Program

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>15</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

Numerator: The number of youth ages 11-18 years with special health care needs within the MCH clinics that received services necessary to transition to all aspects of life.

Denominator: The total number of children with special health care needs ages 11-18 enrolled and receiving services within the MCH clinics.

Transition services begin at age 11 years in the MCH clinics.

2. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

Numerator reflects data provided by MCH Nursing in St. Thomas-St. John District.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>70</u>	<u>70</u>	<u>70</u>	<u>75</u>	<u>75</u>
Annual Indicator	<u>80.0</u>	<u>31.2</u>	<u>60.5</u>	<u>57.0</u>	<u>80.6</u>
Numerator	<u>943</u>	<u>215</u>	<u>348</u>	<u>2,581</u>	<u>482</u>
Denominator	<u>1,179</u>	<u>690</u>	<u>575</u>	<u>4,529</u>	<u>598</u>
Data Source		MCH Program	MCH Program	VI Immunization Program	MCH Program

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Fom11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator is # of children 19-35 months old born between January 2006 and July 2008.

Numerator is of # complete for age according to the National Immunization Survey for 2009. This reports reflects all children 19-35 months old in the territory whose immunization status is reported to the program.

The 2010 National Immunization Survey (NIS) reports a 43.7% immunization rate for the Virgin Islands. The estimates are based on children born January 2007 through July 2009. The percentage reflects coverage for 4:3:1:3:3:1:4 vaccine series that includes the full Hib series. (4 DTap:3 Polio:1MMR:3 Full Hib: 3Hep B:1 Varicella:4PCV. The NIS reports 45.6% that is the series without the full Hib series. MCH data reflects the full Hib series.

2. **Section Number:** Fom11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is # of children 19-35 months old born between January 2006 and July 2008.

Numerator is of # complete for age according to the National Immunization Survey for 2009. This reports reflects all children 19-35 months old in the territory whose immunization status is reported to the program.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	15	15	15	15	15
Annual Indicator	16.4	9.8	49.9	25.6	17.1
Numerator	60	36	183	35	72
Denominator	3,667	3,667	3,667	1,365	4,213
Data Source		Vital Records	Prenatal Clinics	Prenatal Clinics	Hospital Data

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2011

Field Note:

Population data for 15-17 year females is not reported as a separate category in the VI Community Survey. Category is for 15-19 year olds for 2009 VI Community Survey. Denominator is an overestimation of the number of 15 -17 year old females in the territory.

Numerator for this reporting year is from data provided by the only 2 hospitals within the territory - Schneider Regional Medical Hospital (St. Thomas) and Juan Luis Medical Center (St. Croix).

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this measure is obtained from prenatal clinics at DOH Community Health Clinic, MCH-St. Croix District and FQHCs(2).

Denominator is # of prenatal patients for reporting year.

Numerator reflects # of 15 - 17 year olds in that population. Births in this population receiving care at birth from private providers is not included.

Data for this reporting year is not available from DOH Office for Health Statistics. All data reported is provisional pending availability of final territorial data.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

Data on 15-17 year females is not reported as a separate category in the VI Community Survey. Denominator is an estimate provided by Health Statistics.

Numerator for this reporting year from Office for Vital Records & Statistics.

This is provisional data pending final tabulation and report.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	2007	2008	2009	2010	2011
Annual Performance Objective	35	20	10	15	15
Annual Indicator	1.1	8.5	6.6	13.6	9.2
Numerator	87	606	471	993	600
Denominator	7,866	7,130	7,130	7,297	6,557
Data Source		Dental Program	Dental Program	Dental Program	Dental Program

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Final Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	15	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2011

Field Note:

Data for this denominator obtained from the 2009 VI Community Survey by the Eastern Caribbean Center - University of the Virgin Islands

Numerator obtained from the DOH Division of Dental Services for the St. Thomas-St. John District. St. Croix District doesn't collect or report data for this measure.

2. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this denominator obtained from the 2008 VI Community Survey by the Eastern Caribbean Center - University of the Virgin Islands

Numerator obtained from the DOH Division of Dental Services for the St. Thomas-St. John District. St. Croix District doesn't collect or report data for this measure.

3. **Section Number:** Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2009

Field Note:

Data for this denominator obtained from the VI Community Survey by the Eastern Caribbean Center - University of the Virgin Islands

Numerator obtained from the DOH Division of Dental Services for the St. Thomas-St. John District. St. Croix District doesn't collect or report data for this measure.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>2</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>1</u>
Annual Indicator	<u>11.6</u>	<u>4.4</u>	<u>4.5</u>	<u>0.0</u>	<u>9.8</u>
Numerator	<u>3</u>	<u>1</u>	<u>1</u>	<u>0</u>	<u>2</u>
Denominator	<u>25,805</u>	<u>22,697</u>	<u>22,458</u>	<u>21,628</u>	<u>20,416</u>
Data Source		OHS	VICS / OHS	VICS / OHS	VICS/OHS

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

	<u>Yes</u>	<u>Yes</u>		
Is the Data Provisional or Final?		Provisional	Final	

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator: Data is from the 2009 VI Community Survey of individuals ages 0 -14 years of age.

Numerator: Data for this reporting year is from VI Office of Highway Safety 2011 statistics.

2. Section Number: Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this reporting year is obtained from Office for Highway Safety. No deaths in this age group were reported.

Denominator obtained from the 2008 VI Community Survey.

3. Section Number: Form11_Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from 2007 VI Community Survey, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from the Office for Highway Safety, 2009 Traffic Data Report.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfed their infants at 6 months of age.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	50	45	45	50	50
Annual Indicator	43.8	30.3	3.0	29.9	28.2
Numerator	775	558	52	491	501
Denominator	1,771	1,844	1,755	1,642	1,779
Data Source		WIC/PedNSS	WIC/NBS Database	WIC/NBS Database	WIC/Hospital Data

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(*Explain data in a year note. See Guidance, Appendix IX.*)

Is the Data Provisional or Final?

Provisional Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2011

Field Note:

Numerator: Data is from the WIC Program for this reporting year.

Denominator: Data is based on live births statistics reported by both hospitals in the territory. (Schneider Regional Medical Center, St. Thomas and Juan Luis Medical Center, St. Croix).

2. Section Number: Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2010

Field Note:

Data on exclusive breastfeeding is not available from the WIC Program for this reporting year.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	96	90	90	95	95
Annual Indicator	79.3	92.7	91.5	90.0	85.4
Numerator	1,405	1,709	1,606	1,477	1,519
Denominator	1,771	1,844	1,755	1,642	1,779
Data Source		NBS Program	NBS Program	NBS	NBS Program

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2011

Field Note:

Data for this reporting year obtained from NBS Program based on # live birth admissions data received from both hospitals and # screened before discharge.

This information presented does not include the # screened post-discharge on an outpatient basis. An estimated 51% were screened within 2 weeks post discharge (135 of 260). Of the remaining 125 newborns, 85% were screened before 3 months of age (106 of 125). The remainder were considered lost to follow-up after numerous attempts to contact parents were unsuccessful.

2. Section Number: Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this reporting year obtained from NBS Program based on # live birth admissions and # screened before discharge.

This does not include # screened post-discharge on an outpatient basis. An estimated 50% were screened within 2 weeks post discharge (82 of 165). Of the remaining 83 newborns, 80% were screened before 3 months of age (66 of 83). The remainder were considered lost to follow-up after numerous attempts to contact parents were unsuccessful.

3. Section Number: Form11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2009

Field Note:

Numerator reflects screening during birth admission. Infants missed received outpatient screening.

Denominator reflects number of live birth admissions.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	15	10	10	10	10
Annual Indicator	8.8	12.0	9.4	11.0	12.9
Numerator	2,283	2,728	2,872	3,308	3,646
Denominator	25,805	22,697	30,596	30,079	28,352
Data Source		VICS/ HealthPro	VICS / MCH clinics	VICS/MCH Clinics	KIDS Count/VICS

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from 2009 VI Community Survey for children ages 0 -18 years of age.

Numerator reflects the number of children ages 0 - 18 years of age reported by 2009 KIDS Count Data for the VI that have no insurance .

The Medical Assistance Program currently has no system in place to collect or report this data to CMS.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator obtained from 2008 VI Community survey.

Numerator reflects number of children accessing services at MCH clinics in both districts with no source of insurance.

The Medical Assistance Program has no system in place to collect or report this data to CMS.

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from 2007 VI Community survey.

Numerator reflects number of children accessing services at MCH clinics in both districts with no source of insurance.

The Medical Assistance Program is not required to collect or report this data to CMS.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

	2007	2008	2009	2010	2011
Annual Performance Objective	10	10	10	10	10
Annual Indicator	4.4	11.8	13.6	9.6	11.9
Numerator	186	276	397	216	307
Denominator	4,261	2,339	2,923	2,256	2,578
Data Source		WIC/PedNSS	WIC/PedNSS	WIC Program	WIC Program

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 All data for this measure was obtained from the WIC Program for this reporting year.

2. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 All data for this measure obtained from the WIC Program for reporting year.

3. **Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 Data not available from WIC Program at the time of submission for this measure.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1	1	1	1	1
Annual Indicator	1.8	0.5	0.9	4.1	1.6
Numerator	32	10	16	14	27
Denominator	1,771	1,844	1,755	344	1,687
Data Source		Vital Records	Vital Records & Statistics	MCH 2010 Needs Assessment	KIDS Count/ Kaiser State Health Facts
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator: The data is based on the reported total number of pregnant females in 2009 from the Kaiser State Health Facts.

Numerator: The number of pregnant females who smoked as reported by KIDS Count Data from 2009.

The VI does not have a Pregnancy Risk Assessment (PRAMS) database.

2. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator obtained from MCH 2010 Needs Assessment.

Data for numerator is # of yes responses to question "Do you smoke cigarettes or use other tobacco products?"

Birth certificate data is not available at the time of submission for this measure from the DOH Office for Health Statistics.

3. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained Office for Health Statistics. Data for numerator obtained from the Office for Vital Records & Statistics.

This is provisional pending final tabulation and report; reflects whether mother smoked at any time during pregnancy and not specifically the third trimester.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	2	2	2	1	1
Annual Indicator	0.0	0.0	0.0	0.0	88.2
Numerator	0	0	0	0	7
Denominator	8,751	8,534	8,138	8,451	7,936
Data Source		Vital Records	VICS / Vital Records & Statistics	VICS	KIDS Count/VICS
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2011

Field Note:

Numerator: the number reported reflects the total number of teen deaths that include suicide as reported by KIDS Count Data Center. The reported number of suicide attempts 16% (11.4% of females and 5.2% of males) of VI youth ages 15- 19 years in 2007 as reported by KIDS Count Data.

This data is not currently available from Vital Statistics.

The denominator is from the VI Community Survey for the number of youths ages 15 - 19 years of age.

2. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator obtained from 2008 VI Community Survey.

Data for numerator not available from the Office for Vital Records & Statistics as the time of submission for this measure. Suicide may be reported or certified as accidental death, homicide or other cause of death. While anecdotal information / statistics is available regarding suicide deaths in this population, they are not identified or reported as such.

3. Section Number: Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from VI Community Survey.

Data for numerator obtained from the Office for Health Statistics. Deaths due to suicide may be reported or miscoded as accidental or homicide.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.3	0.7	33.9
Numerator	0	0	4	10	20
Denominator	1,771	1,844	1,446	1,365	59
Data Source		Vital Records	FQHC (2) and DOH (2) Prenatal Clinics	FQHC (2) and DOH (2) Prenatal Clinics	Hospital data
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes		
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2011

Field Note:

There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates. A Neonatologist is available in the St. Thomas-St. John District. Level III neonates are transferred off-island.

A Territorial Perinatologist provides services in both districts. In extreme instances, mothers are transferred off-island for delivery.

Denominator obtained from total number of live births reported by the hospitals.

Numerator reflects # of VLBW < 1500 grams who delivered during the reporting period as per the hospital statistics.

2. Section Number: Fom11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2010

Field Note:

There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates. A Neonatologist is available in the St. Thomas-St. John District. Level III neonates are transferred off-island.

A Territorial Perinatologist provides services in both districts. In extreme instances, mothers are transferred off-island for delivery.

Denominator obtained from FQHC (2) and DOH (2) Prenatal Clinics - patients receiving services during calendar year 2010.

Numerator reflects # of VLBW < 1500 grams who delivered during the reporting period.

3. Section Number: Fom11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2009

Field Note:

There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates. A Neonatologist is available in the St. Thomas-St. John District.

A Territorial Perinatologist provides services in both districts. In extreme instances, mothers are transferred off-island for delivery. Level III neonates are transferred off-island.

Denominator obtained from FQHC (2) and DOH (2) Prenatal Clinics - patients receiving services during calendar year 2009.

Numerator reflects # of VLBW < 1500 grams who delivered during the reporting period.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	65	65	70	70	70
Annual Indicator	62.6	36.4	36.9	37.9	38.8
Numerator	1,109	672	647	623	691
Denominator	1,771	1,844	1,755	1,642	1,779
Data Source		Vital Records	NBS Program/Prenatal clinics reports	NBS Program/Prenatal Clinics (4)	Prenatal clinics/FQHC/Hospital data
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	70	70	70	70	70
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator reflects # live birth admissions for reporting year. Data obtained from newborn screening program/ hospitals' database.

Numerator reflects # women accessing prenatal care in first trimester.

Prenatal clinics in the Community Health Center and the FQHCs (2) in both districts only.

Data not available for reporting years 2010 and 2011 from DOH Office for Health Statistics.

2. Section Number: Fom11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator reflects # live birth admissions for reporting year. Data obtained from newborn screening program.

Numerator reflects # women accessing prenatal care in first trimester.

Prenatal clinics only (4).

Data not available for reporting years 2009 and 2010 from DOH Office for Health Statistics.

3. Section Number: Fom11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2009

Field Note:

Data for calendar year 2009 provided by the Office of Health Statistics.

Denominator reflects live births admissions reported by the NBS Program Database.

Numerator reflects number of

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (a)(2)(A)(iii)]
STATE: VI

Form Level Notes for Form 11

There is a Level II Neonatal ICU. There are no facilities for high-risk deliveries and neonates. A Neonatologist is available in the St. Thomas-St. John District. Level III neonates are transferred off-island. A Territorial Perinatologist provides services in both districts. In extreme instances, mothers are transferred off-island for delivery. Denominator obtained from total number of live births with BW less than 1,500 grams reported by the hospitals. Numerator reflects # of VLBW < 1500 grams who delivered during the reporting period as per the hospital statistics.

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Increase the rate of pregnant women who enroll in prenatal care in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	600	650	650	700	700
Annual Indicator	626.2	231.0	586.4	456.4	388.4
Numerator	1,109	426	1,008	623	691
Denominator	1,771	1,844	1,719	1,365	1,779
Data Source		Vital Statistics	Office for Health Statistics	FQHC & DOH /Prenatal Clinics (4)	FQHC/DOH & MCH Prenatal Clinic
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	700	700	750	750	750
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2011

Field Note:

This is preliminary data.

Denominator reflects the # of prenatal patients receiving services at the FQHC & DOH & MCH Prenatal Clinics (4) during calendar year 2011.

Numerator reflects # of women who received prenatal care starting in the first trimester at these clinics.

2. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2010

Field Note:

This is preliminary data. Denominator reflects the # of prenatal patients receiving services at the FQHC & DOH Prenatal Clinics (4) during calendar year 2010.

Numerator reflects # of women who received prenatal care starting in the first trimester at these clinics.

3. Section Number: Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2009

Field Note:

Calendar year 2009 data obtained from the DOH Office for Health Statistics.

Denominator reflects the # of

Numerator reflects # of women who reported initiating prenatal care in the first trimester.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Increase the percent of CSHCN families' participation in transition planning to at least 50%.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>35</u>	<u>40</u>	<u>45</u>	<u>50</u>	<u>50</u>
Annual Indicator	<u>1.2</u>	<u>8.9</u>		<u>3.6</u>	<u>2.6</u>
Numerator	<u>15</u>	<u>136</u>		<u>35</u>	<u>20</u>
Denominator	<u>1,248</u>	<u>1,530</u>		<u>965</u>	<u>784</u>
Data Source		MCH Program		MCH Program	MCH Program
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>50</u>	<u>55</u>	<u>55</u>	<u>55</u>	<u>55</u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator reflects estimate of children/adolescents with special needs receiving care at both MCH Program clinic sites ages 11-18 years of age .

Numerator reflects estimate of # who participated in any transition planning activities ages 11-18 years of age.

Transitioning activities begin at 11 years of age in MCH clinics

2. **Section Number:** Form11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator reflects estimate of children/adolescents with special needs receiving care at both MCH Program clinic sites.

Numerator reflects estimate of # who participated in any transition planning activities.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

The percent of CSHCN clients who access family support services.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>50</u>	<u>55</u>	<u>55</u>	<u>55</u>	<u>50</u>
Annual Indicator	<u>30.0</u>	<u>6.5</u>	<u>20.0</u>	<u>28.9</u>	<u>19.9</u>
Numerator	<u>375</u>	<u>100</u>	<u>301</u>	<u>279</u>	<u>219</u>
Denominator	<u>1,248</u>	<u>1,530</u>	<u>1,505</u>	<u>965</u>	<u>1,098</u>
Data Source		MCH Program	MCH Program	MCH Program	MCH Program
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>50</u>	<u>55</u>	<u>55</u>	<u>55</u>	<u>55</u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

- Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator is based on estimate of # children with special needs receiving care at MCH program clinics during the reporting year.

Numerator is based on responses from parents in the CSHCN survey.

There is a greater demand for services including family support than the program has the capacity to provide.

- Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is based on estimate of # children with special needs receiving care at MCH program clinics during the reporting year.

Numerator is based on responses from parents in 2010 needs assessment. The survey data is not representative of all CSHCN who access care at the MCH Program. There were 650 completed surveys in the 2010 needs assessment.

There is a greater demand for services including family support than the program has the capacity to provide.

- Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2009

Field Note:

Data reflects information from St. Thomas/ St. John district only.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

The rate per 1000 of emergency department visits and hospital admissions due to asthma in children under 14 years of age.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
Annual Indicator	<u>2.0</u>	<u>2.9</u>	<u>3.3</u>		<u>15.9</u>
Numerator	<u>52</u>	<u>66</u>	<u>74</u>		<u>324</u>
Denominator	<u>25,805</u>	<u>22,697</u>	<u>22,458</u>		<u>20,416</u>
Data Source		RLS & JFL Hospitals	RLS & JFL Hospitals		RLS & JFL Hospital/ VICS
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2011
Field Note:
 Numerator :Data from hospitals in the territory reflect in-patient admissions only. Average length of stay was 1.5 days. 294 admissions were on St. Croix, which is more industrial than St. Thomas/St.John.

 Denominator: the number of children ages 0-14 years in the territory based on 2009 VI Community Survey.
- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2010
Field Note:
 Data for this SPM was requested from both hospitals. This was not received as of reporting date.
- Section Number:** Form11_State Performance Measure #4
Field Name: SM4
Row Name:
Column Name:
Year: 2009
Field Note:
 Data from both island hospitals reflects in-patient admissions only. Average length of stay was 1.5 days.

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Decrease the rate of hospitalizations related to morbidity associated with Type 1 diabetes for children up to age 19 years.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	10
Annual Indicator	_____	_____	_____	_____	0.0
Numerator	_____	_____	_____	_____	8
Denominator	_____	_____	_____	_____	28,352
Data Source					MCH Program
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 10	_____ 5	_____ 5	_____ 5	_____ 5
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. Section Number: Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2011

Field Note:

Numerator: Numbers are based on patient discharge summaries provided to the MCH clinics for each of the MCH clients with Diabetes Type I disease.

Denominator: Numbers are based on population for ages 0- 19 years.

The specific data was unavailable from the hospital at the time of reporting.

2. Section Number: Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

This is a new measure this year. There is a significant increase in the number of children in the territory diagnosed with Type 1 diabetes. The lack of a pediatric endocrinologist in the territory is allayed with the assistance of an adult endocrinologist who provides education for both children and their families. In addition, consultation is available for the pediatricians and nurses providing primary and care coordination services for these families. The MCH program is in the process of obtaining data to determine trends in hospitalization and evaluate effectiveness of the education provided to families.

Denominator reflects # of children enrolled in the MCH Program who have a diagnosis of Type 1 diabetes.

Numerator reflects # of hospitalizations reported by family.

Hospital discharge data was not available from hospitals at time of report.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Increase access to comprehensive primary and preventive health care for adolescents and pre-adolescents ages 10-19 years

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	10
Annual Indicator	_____	_____	_____	4.0	9.0
Numerator	_____	_____	_____	676	1,323
Denominator	_____	_____	_____	17,008	14,724
Data Source				VICS/MCH Program	MCH clinics/FQHC/VICS
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	10	15	15	20	20
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from 2009 VI Community Survey reflects # of 10-19 year olds in territory.

Numerator reflects # receiving services at MCH Program and FQHCs at any time during the reporting period.

2. **Section Number:** Form11_State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator obtained from 2008 VI Community Survey reflects # of 10-19 year olds in territory.

Numerator reflects # receiving services at MCH Program at any time during the reporting period.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Percent of women who abstain from alcohol use during pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	90
Annual Indicator	_____	_____	_____	93.0	18.8
Numerator	_____	_____	_____	278	334
Denominator	_____	_____	_____	299	1,779
Data Source				2010 Needs Assessment	MCH Clinics/Hospitals
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	90	95	95	95	95
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator reflects # of live births this reporting year- data obtained from the hospital admission statistics.

Numerator reflects # of women who reported abstaining from alcohol 3 months before and during pregnancy as reported on Newborn hospital admissions/discharge summaries.

Data for this measure not available from DOH Office of Health Statistics at time of report.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2010

Field Note:

This is a new measure this year.

Denominator reflects # of respondents (prenatal patients) from 2010 needs assessment.

Numerator reflects # of women who reported abstaining from alcohol 3 months before and during pregnancy.

Data for this measure not available from DOH Office of Health Statistics at time of report.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (a)(2)(B)(iii) AND 506 (a)(2)(A)(iii)]
STATE: VI

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6	5	5	5	5
Annual Indicator	5.1	3.3	5.7	8.5	5.9
Numerator	9	6	10	14	10
Denominator	1,772	1,844	1,753	1,642	1,687
Data Source		Office for Health Statistics	Office for Health Statistics	NBS Program	KIDS Count Data/ Kaiser State Health Center
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>			
	2012	2013	2014	2015
Annual Performance Objective	10	10	10	10
Annual Indicator				
Numerator				
Denominator				

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from Kaiser State Health Facts for 2009 births.

Numerator reflects # of infant deaths reported by KIDS Count data for 2009.

Data for reporting year 2011 is not available from DOH Office for Health Statistics.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator obtained from Newborn Screening Program records of live birth admissions in both districts.

Numerator reflects # of deaths that occurred after admission to the nursery. This does not include infants transported to off-island facilities or whose death occurred post-hospital discharge.

Age at time of death is not available.

Data for reporting year 2010 is not available from DOH Office for Health Statistics.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2009

Field Note:

Data for calendar year 2009 obtained from the Office of Health Statistics. This is provisional pending final tabulation and report.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1	1	1	1	1
Annual Indicator	9.6	7.5	7.5		6.0
Numerator	9.6	7.5	7.5		6
Denominator	1	1	1		1
Data Source		Vital Records	Office for Health Statistics		National Vital Statistic Report

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1	1	1	1	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2011

Field Note:

Data for this outcome measure was not available from the VI Bureau of Health Statistics at the time of this report.

Data cited is from the National Vital Statistic Report Vol 59, Nov 6, June 29, 2011 for the VI for 2005 -2007 linked files.

2. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this measure not available from Office for Health Statistics.

3. Section Number: Form12_Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2009

Field Note:

The data for calendar year 2009 obtained from the Office for Health Statistics.

This is provisional pending final tabulation and report.

There are no reported white infant deaths for this reporting period.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	4	4	4	4	4
Annual Indicator	2.8	1.6	5.7	8.5	1.1
Numerator	5	3	10	14	2
Denominator	1,772	1,844	1,753	1,642	1,779
Data Source		Office for Health Statistics	Office for Health Statistics	NBS database	Hospital/NBS database

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from Newborn Screening Program records of live birth admissions in both districts from hospital (nursery) statistics.

Numerator reflects # of deaths that occurred after admission to the nursery. This does not include infants transported to off-island facilities or whose death occurred post-hospital discharge.

Data for reporting year 2011 is not available from DOH Office for Health Statistics.

2. Section Number: Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this measure is not available from Office for Health Statistics.

Denominator obtained from # live births admissions reported to newborn screening program.

Numerator reflects # of deaths that occurred after admission to the nursery. This does not include infants transported to off-island facilities or whose death occurred post-hospital discharge.

Age at time of death is not available.

3. Section Number: Form12_Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2009

Field Note:

The data for calendar year 2009 obtained from the Office for Health Statistics. This is provisional pending final tabulation and report.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	1.5	1	1	1	1
Annual Indicator	2.3	0.0	0.0	0.0	2.2
Numerator	4	0	0	0	4
Denominator	1,772	1,844	1,753	1,642	1,779
Data Source		Vital Records	NBS Program	NBS database	

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes
 Provisional Provisional

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2011

Field Note:

Data for this measure not available from Office for Health Statistics.

Denominator obtained from # live birth admissions reported to newborn screening program.

Numerator: The number of fetal deaths reported by the two hospitals from 28 days to 364 days of age. This is just an estimation

2. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this measure not available from Office for Health Statistics.

Denominator obtained from # live birth admissions reported to newborn screening program.

3. Section Number: Form12_Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2009

Field Note:

The data for calendar year 2009 obtained from the Office for Health Statistics. This is provisional pending final tabulation and report.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	7.5	7.5	7.5	7.5	7
Annual Indicator	6.8	4.9	9.1	0.0	12.2
Numerator	12	9	16	0	22
Denominator	1,772	1,844	1,753	1,642	1,801
Data Source		Office for Health Statistics	Office for Health Statistics	NBS database	RLS & JLH Hospital
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	7	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2011

Field Note:

Data for this measure is not available from Office for Health Statistics.

Denominator obtained from # birth admissions to Labor and Delivery for both hospitals (Schneider Regional Medical Center and Juan Luis Medical Center) for the reporting year.

Numerator is the number of fetal deaths from 28 weeks gestation to 1 week post natal reported by Labor and Delivery and Nursery for the reporting year.

2. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this measure is not available from Office for Health Statistics.

Denominator obtained from # live birth admissions reported to newborn screening program.

3. Section Number: Form12_Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2009

Field Note:

The data for calendar year 2009 obtained from the Office of for Health Statistics. This is provisional pending final tabulation and report.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	25	25	25	20	20
Annual Indicator	15.5	19.4	13.4	0.0	14.7
Numerator	4	5	3	0	3
Denominator	25,805	25,805	22,458	21,628	20,416
Data Source		Vital Records	Office for Health Statistics	Ofc. Hlth. Statistics	KIDS Count/VICS
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	10	10	10	10	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator was obtained from 2009 VI Community Survey.

Numerator was obtained from the KIDS Count Data from 2009.

Data for numerator is not available from Office for Health Statis

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator obtained from 2008 VI Community Survey.

Data for numerator is not available from Office for Health Statistics.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2009

Field Note:

The data for calendar year 2009 obtained from the Office for Health Statistics.

Denominator reflects report from VI Community Survey.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (a)(2)(B)(ii) AND 506 (a)(2)(A)(ii)]
STATE: VI

Form Level Notes for Form 12

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: VI

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

_____ 1

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

_____ 0

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

_____ 2

4. Family members are involved in service training of CSHCN staff and providers.

_____ 1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

_____ 0

6. Family members of diverse cultures are involved in all of the above activities.

_____ 1

Total Score: _____ 5

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: VI FY: 2013

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To increase services to adolescents and young adults in all areas of primary and age appropriate preventive care using a positive healthy youth development model.
2. To increase the percent of CSHCN families' participation in transition planning to at least 50%.
3. To improve and strengthen linkage of special needs children with needed health and community-based support services.
4. Provide technical assistance, education, training materials and programs for community-based family support organizations that serve the maternal and child population.
5. To promote community partnerships.
6. To improve access to prenatal care for medically underserved women and increase healthy birth outcomes; promote reproductive health services.
7. To improve access to primary and preventive health care services for all segments of the MCH population.
8. Ensure access to developmental screenings and evaluations for children that are identified as high-risk.
9. Promote healthy lifestyle practices and reduce the rate of overweight children and adolescents through implementation of the CDC-WE CAN (Ways to Enhance Child Activity & Nutrition) Program
10. Enhance efforts to improve data collection and collaboration.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: VI

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>06</u>	Establishing a comprehensive Adolescent Health Care Program in the territory	Training in pertinent issues regarding the development of a comprehensive health care program that addresses the physical as well as the social/emotional and mental issues of this population. Incorporation of Youth Development program	LEAH Program in Rochester NY under the direction of Richard Kreipe or the State Adolescent Resource Center in Konopa, Minnisota
2.	National Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>06</u>	Transitioning of CSHCN	Re-training of staff to provide better outcomes for CSHCN as they transition into adulthood.	As per MCHB recommendations
3.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Survey Sample Analysis	the program uses several surveys to address the needs of the MCH population including Family Needs Questionnaire, Provider and Client Satisfaction. Data analysis and reporting techniques are not familiar to all staff especially CQI team.	As per MCHB recommendations
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

From the performance measure issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: VI

SP() # _____ 1

PERFORMANCE MEASURE:

Increase the rate of pregnant women who enroll in prenatal care in the first trimester.

STATUS:

Active

GOAL:

Reduce barriers and increase access to early and adequate prenatal care that ensures healthy birth outcomes.

DEFINITION:

Prenatal care is the provision of comprehensive reproductive health services to a pregnant woman. Early and adequate prenatal care can lead to a significant reduction in perinatal mortality and morbidity.

Numerator:

The number of births to women who enrolled in prenatal care in the first trimester.

Denominator:

The total number of births.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

16.6 The proportion of pregnant women who receive early and adequate prenatal care.

16.6a Care beginning in the first trimester of pregnancy.

16.6b Early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Hospital Labor & Delivery Units; Newborn Nurseries. Bureau of Health Statistics live birth records. MCH, FQHC & Community Health Prenatal Clinics.

SIGNIFICANCE

Access to early and adequate prenatal care results in improved birth outcomes if women begin receiving care early in pregnancy and continue to receive care throughout the pregnancy. Prenatal care provides an opportunity to identify risks and minimize or eliminate their impact on pregnancy outcomes through medical management so it does not negatively impact on maternal health, birth outcomes and the process of birth. Prenatal visits also offer an opportunity for education and counseling on proper nutrition and risk factors, such as smoking and alcohol use during pregnancy.

SP() # 2

PERFORMANCE MEASURE:

Increase the percent of CSHCN families' participation in transition planning to at least 50%.

STATUS:

Active

GOAL

Assure the transition from pediatric to adult health care providers is planned, coordinated and facilitated.

DEFINITION

All youth with special health care needs will receive the services to make necessary transitions to all aspects of adult life, including health care, work and independence. Transition is an ongoing process throughout middle childhood and adolescence. Collaboration and coordination between CSHCN, families, health care, insurance, education, rehabilitation, and other appropriate agencies are needed to support and facilitate transition.

Numerator:

The number of CSHCN who participate in transition planning.

Denominator:

The total number of CSHCN age 11-18 years

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

16.23 Service systems for children with special health care needs.

To assure the participation of CSHCN age 11-18 years and their families in agency based transition planning activities that promote independence and healthy lifestyle choices.

DATA SOURCES AND DATA ISSUES

VDOH Health-Pro data system. MCH & CSHCN clinic records. Community Health Centers. Departments of Education, Labor and Human Services.

SIGNIFICANCE

The transition of youth to adulthood has become a priority issue nationwide. Transition services assist in the progression from adolescent health care to adult services and from school to work. Supporting skill-building activities for youth with special health care needs provides them with opportunities to learn to act as decision-makers in their own health care.

SP() # _____ 3

PERFORMANCE MEASURE:

The percent of CSHCN clients who access family support services.

STATUS:

Active

GOAL

To increase to 50% the number of families with CSHCN who are referred to and receive various family support services.

DEFINITION

Family support services identify and assess families' needs and determine appropriate individual family service plans.

Numerator:

Number of CSHCN clients ages 0-21 years whose families access family support services.

Denominator:

Total number of CSHCN clients served.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

7.7 Patient and family education .

Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease; improve health and improve the quality of life.

DATA SOURCES AND DATA ISSUES

VIDOH Health-Pro database system. MCH & CSHCN clinic records. Community Health Centers. Community based family support organizations and the Dept of Human Services.

SIGNIFICANCE

Family service agencies and interagency coordinating councils have identified major challenges confronting families with CSHCN in accessing coordinated health and related services. Addressing these issues will lead to more efficient use of public funds and reduce family stress. Included in community-based settings are public facilities; local government and agencies; and social service, faith, and civic organizations that provide access to families where they live, work, and play.

SP() # _____ 4

PERFORMANCE MEASURE:

The rate per 1000 of emergency department visits and hospital admissions due to asthma in children under 14 years of age.

STATUS:

Active

GOAL

To reduce the number of emergency department visits and hospital admissions due to asthma in children under 14 years of age.

DEFINITION

Asthma is a leading cause of childhood morbidity and is a common condition among children in the VI. Asthma remains a significant public health challenge in the territory and an area where methods to collect and analyze data more effectively is critical. It is generally recognized that children with asthma who are unable to gain access to primary care or prescription medications due to an uninsured or underinsured status are at a greater risk of needing hospitalization.

Numerator:

Number of emergency department visits and hospital admissions for asthma among children under 14 years of age.

Denominator:

Number of children in the population 0-14 years.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

11.1 Asthma hospitalizations

DATA SOURCES AND DATA ISSUES

24. Promote respiratory health through better prevention, detection, treatment and education.

Emergency department and hospital admissions/discharge data.

SIGNIFICANCE

Asthma is one of the most common chronic conditions affecting children in the Virgin Islands. It causes a significant proportion of school absenteeism, emergency department visits and hospitalizations. Effective asthma management and prevention can decrease costly hospitalizations, decrease school absenteeism and decrease morbidity and mortality.

SP() # 5

PERFORMANCE MEASURE:

Decrease the rate of hospitalizations related to morbidity associated with Type 1 diabetes for children up to age 19 years.

STATUS:

Active

GOAL

Reduce the hemoglobin A1C for children with diabetes to 6 -7.

DEFINITION

Diabetes is a chronic disease that usually manifests itself as one of two major types: type 1, mainly occurring in children and adolescents 18 years and younger, in which the body does not produce insulin and thus insulin administration is required to sustain life; or type 2, in which the body's tissues become unable to use its own limited amount of insulin effectively.

Numerator:

Number of hospital admissions for children with diabetes per year.

Denominator:

Total number of hospital admissions per year for children to age 19 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

5.1 Diabetes education

Diabetes patient education is viewed as effective and economical in the ultimate prevention of long-term complications from diabetes.

DATA SOURCES AND DATA ISSUES

Hospital admissions and discharge reports. MCH clinics utilization data.

SIGNIFICANCE

Diabetes poses a significant public health challenge for the Virgin Islands. It is a major clinical and public health challenge within certain racial and ethnic groups where both new cases of diabetes and the risk of associated complications are great. Obesity, improper nutrition (including increased ingestion of fats and processed foods), and lack of physical activity are occurring in persons under age 15 years. These behaviors and conditions may explain the increasing diagnosis of type 2 diabetes in teenagers and increased hospitalization, morbidity and mortality for persons under 15 years with Type I Diabetes.

SP() # _____ 6

PERFORMANCE MEASURE:

Increase access to comprehensive primary and preventive health care for adolescents and pre-adolescents ages 10-19 years.

STATUS:

Active

GOAL

To assure access to primary care services for adolescents and pre-adolescents ages 10-19 years of age.

DEFINITION

The percent of adolescents and pre-adolescents who have a specific source of ongoing primary care for coordination of their preventive and episodic health care.

Numerator:

Number of adolescents and pre-adolescents age 10-19 years with a specific source of primary care.

Denominator:

Number of adolescents and pre-adolescents age 10-19 years.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

1. Improve access to comprehensive, high-quality health care services.

Access to care depends in part on access to an ongoing source of care. People with a usual source of health care are more likely than those without a usual source of care to receive a variety of preventive health care services.

1.4 Increase in Persons With Specific Source of Ongoing Care

A primary care provider deals with all common health needs (comprehensiveness) and coordinates health care services, such as referrals to specialists. Evidence suggests that first contact care provided by an individual's primary care provider leads to less costly medical care.

DATA SOURCES AND DATA ISSUES

MCH, Community Health and 330 FQHC's clinic utilization data. Data issues related to lack of data linkages between provider facilities and standardized methods of data collection and reporting.

SIGNIFICANCE

A usual source of primary care helps people clarify the nature of their health problems and can direct them to appropriate health services, including specialty care.[44] Primary care also emphasizes continuity, which implies that individuals use their primary source of care over time for most of their health care needs.

SP() # _____ 7

PERFORMANCE MEASURE:

Percent of women who abstain from alcohol use during pregnancy.

STATUS:

Active

GOAL

To reduce the number of women drinking any alcohol during pregnancy. Increase abstinence from alcohol use during pregnancy.

DEFINITION

Percent of women who report use of alcohol during pregnancy

Numerator:

Number of women who delivered a live birth and who reported drinking any alcohol in the first or third trimester of pregnancy.

Denominator:

Number of women who delivered a live birth.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

16.18 (Developmental) Reduce the occurrence of fetal alcohol syndrome (FAS).

FAS is one of the leading preventable causes of mental retardation and a leading cause of birth defects, including growth deficiency and microcephaly. Affected children also are likely to show infantile irritability, poor coordination, hypotonia, and attention deficit/hyperactivity disorder. In addition to FAS, studies have documented more subtle growth and neurodevelopmental deficits among children whose mothers drank alcohol during pregnancy.

DATA SOURCES AND DATA ISSUES

Prenatal Clinics, Hospital discharge summary. Limitations are that data is self-reported and may include bias or selective recall; captures data only for women who delivered a live birth.

SIGNIFICANCE

Fetal Alcohol Spectrum Disorders (FASD) encompasses the range of adverse effects that can result from alcohol exposure. The consequences of FASD are life long and can include learning disabilities, mental health problems and developmental disabilities. A range of harmful effects, including stillbirth, low birth weight and preterm delivery, have been associated with prenatal use of alcohol. No safe level of alcohol consumption during pregnancy has been established. Because the effects of alcohol use during pregnancy are so detrimental, the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend that women who are pregnant or planning a pregnancy drink no alcohol at all.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: VI

Form Level Notes for Form 17

Denominator obtained from 2009 VI Community Survey, UVI Eastern Caribbean Center. Numerator obtained from hospitals in both district (Schneider Regional Medical Center, St. Thomas and Juan Luis Medical Center, St. Croix) denoting in-patient admissions with an average length of stay of 1.5days.

HEALTH SYSTEMS CAPACITY #01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	65.5	68.9	87.8	97.0	19.8
Numerator	52	47	51	56	14
Denominator	7,937	6,823	5,809	5,774	7,071

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from 2009 VI Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from both hospitals denoting in-patient admissions with an average length of stay of 1.5days

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this measure requested from both hospitals was not received by time of report.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from 2007 VI Household Survey, UVI Eastern Caribbean Center.

Numerator obtained from both hospitals denoting in-patient admissions with an average length of stay of 1.5days

HEALTH SYSTEMS CAPACITY #02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	13.9			35.0	100.0
Numerator	247			574	941
Denominator	1,772	1,844	1,755	1,642	941

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from both hospital data and reflects # live birth admissions of newborns that had Medicaid .

Numerator reflects # new patients < 1 year of age seen in both MCH Clinics in both districts with Medicaid who received one initial or periodic screen.

Actual data of number of Medicaid enrollees is not available at the time of this report.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator obtained from newborn screening program reflects # live birth admissions.

Numerator reflects # new patients < 1 year of age seen in both districts.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

Denominator obtained from NBS database - live birth admissions for calendar year 2009.

Numerator obtained from number of children under 1 year receiving services at the MCH clinics in both districts.

HEALTH SYSTEMS CAPACITY #03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>100.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>941</u>
Denominator	<u>1,772</u>	<u>1,844</u>	<u>1,755</u>	<u>1,642</u>	<u>941</u>

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2011

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS), allows for payment of unpaid medical bills for Medicaid patients less than 19 years of age. This waiver was allowed by CMS as Congress did not approve enough CHIP monies for the territories that would have allowed them to have a regular Child Health Insurance Program.

Denominator obtained from the NBS database - number of live birth admissions for calendar year 2011.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2010

Field Note:

This measure is not applicable to VI.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Data for this measure is not available or collected by the Bureau of Health Insurance and Medical Assistance.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS), allows for payment of unpaid medical bills for Medicaid patients less than 19 years of age. This waiver was allowed by CMS as Congress did not approve enough CHIP monies for the territories that would have allowed them to have a regular Child Health Insurance Program.

Denominator obtained from the NBS database - number of live birth admissions for calendar year 2009..

HEALTH SYSTEMS CAPACITY #04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>39.9</u>	<u>24.0</u>	<u>38.9</u>	<u>39.1</u>	<u>38.8</u>
Numerator	<u>706</u>	<u>442</u>	<u>682</u>	<u>642</u>	<u>691</u>
Denominator	<u>1,771</u>	<u>1,844</u>	<u>1,753</u>	<u>1,642</u>	<u>1,779</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2011

Field Note:

Data not available from Bureau of Health Statistics for this calendar year.

Denominator obtained from newborn screening program/ hospital nurseries and reflects # live birth admissions

The numerator is based on data provide from the Prenatal Clinics and the 2 FQHCs on the number of prenatal visits made by each client.

- Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

Data not available from Bureau of Health Statistics for this calendar year.

- Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

Data obtained from the Office of Health Statistics for this calendar year.

This is provisional pending final tabulation and report.

HEALTH SYSTEMS CAPACITY #07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	30.0	55.0	54.0	46.5	48.0
Numerator	1,698	3,126	3,096	2,023	13,612
Denominator	5,663	5,685	5,734	4,362	28,352

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5

and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.

Estimates based on children seen in both districts with who were uninsured. Medical Assistance Program doesn't have presumptive eligibility and doesn't pay for services for potentially eligible children.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.

Estimates based on children seen in both districts with who were uninsured.

Medical Assistance Program doesn't have presumptive eligibility and doesn't pay for services for potentially eligible children.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Data not available or collected for this indicator by the Bureau of Health Insurance and Medical Assistance.

Estimates based on children seen in both districts with who were uninsured. Medical Assistance Program doesn't have presumptive eligibility and doesn't pay for services for potentially eligible children.

HEALTH SYSTEMS CAPACITY #07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	24.7	26.9	30.9	25.0	27.0
Numerator	445	606	477	628	540
Denominator	1,798	2,251	1,544	2,514	2,000

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

Data obtained from Division of Dental Services St. Thomas-St. John District..

Data on children served is not collected in the St. Croix District.

Denominator is an estimate of the actual # of children ages 6 -9 receiving services with Medicaid within the Community Health Center.

Numerator is # of children age 6-9 years who received any service, including school based screening.

The Medical Assistance Program does not collect age specific claims data

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

Data obtained from Division of Dental Services St. Thomas-St. John District..

Data on children served is not collected in the St. Croix District.

Denominator is actual # of children receiving services

Numerator is # of children age 6-9 years who received any service, including school based screening.

The Medical Assistance Program does not collect age specific claims data.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Data obtained from Division of Dental Services St. Thomas-St. John District..

Denominator is actual # of children receiving services

Numerator is # of children age 6-9 years who received any service, including school based screening.

The Medical Assistance Program does not collect age specific claims data.

HEALTH SYSTEMS CAPACITY #08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

This HSCI is not applicable to the Territory of the Virgin Islands.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

This HSCI is not applicable to the Territory of the Virgin Islands.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

This HSCI is not applicable to the Territory of the Virgin Islands.

FORM 18
 HEALTH SYSTEMS CAPACITY INDICATOR #05
 (MEDICAID AND NON-MEDICAID COMPARISON)
 STATE: VI

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2011	Other	38	62	7
b) <i>Infant deaths per 1,000 live births</i>	2011	Other	0	0	10
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2011	Other	52	48	38.8
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2011	Other	45	55	38.8

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
 STATE: VI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2011	_____
b) <i>Medicaid Children</i> (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		_____ _____ _____
c) <i>Pregnant Women</i>	2011	_____

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
 STATE: VI

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2011	_____
b) <i>Medicaid Children</i> (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		_____ _____ _____
c) <i>Pregnant Women</i>	2011	_____

FORM NOTES FOR FORM 18

The VI Bureau of Health Insurance and Medical Assistance does not record this data. The Bureau of Health Insurance and Medical Assistance determines eligibility not on the percentage of poverty level, but rather on a pre-determined annual income of < \$5,500/yr for a single person, \$6,500 for couples, and \$8,500 for a family of four.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
The VI Bureau of Health Insurance and Medical Assistance does not record this data. The Bureau of Health Insurance and Medical Assistance determines eligibility not on the percentage of poverty level, but rather on a pre-determined annual income of < \$5,500/yr for a single person, \$6,500 for couples, and \$8,500 for a family of four
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2013
Field Note:
The VI Bureau of Health Insurance and Medical Assistance does not record this data. The Bureau of Health Insurance and Medical Assistance determines eligibility not on the percentage of poverty level, but rather on a pre-determined annual income of < \$5,500/yr for a single person, \$6,500 for couples, and \$8,500 for a family of four
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
The VI Bureau of Health Insurance and Medical Assistance does not record this data. The Bureau of Health Insurance and Medical Assistance determines eligibility not on the percentage of poverty level, but rather on a pre-determined annual income of < \$5,500/yr for a single person, \$6,500 for couples, and \$8,500 for a family of four
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
The VI Bureau of Health Insurance and Medical Assistance does not record this data. Because of the Medicaid cap in the Virgin Islands, SCHIP monies are used to supplement Medicaid
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2013
Field Note:
The VI Bureau of Health Insurance and Medical Assistance does not record this data. Because of the Medicaid cap in the Virgin Islands, SCHIP monies are used to supplement Medicaid
6. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
The VI Bureau of Health Insurance and Medical Assistance does not record this data. Because of the Medicaid cap in the Virgin Islands, SCHIP monies are used to supplement Medicaid
7. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of low birth weight (<2,500 grams)
Column Name:
Year: 2013
Field Note:
Data for this measure is not available for reporting year 2011 from the Bureau of Health Insurance and Medical Assistance.

Data was obtained from both hospital databases.
8. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2013
Field Note:
Data for this measure is not available for reporting year 2011 from the Bureau of Health Insurance and Medical Assistance.

Total number of infant deaths came from KIDS COUNT database for 2009. There was no categorization of insurance status.
9. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2013
Field Note:
Data for this measure is not available for reporting year 2011 from the Bureau of Health Insurance and Medical Assistance.

Data is from the MCH Clinics and the FQHCs data .
10. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2013

Field Note:

Data was obtained from the FQHCs (St. Thomas East End Medical Center Corp and Fredricksted Health Center databases) and Prenatal Clinics of MCH and Community Health.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
 STATE: VI

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	2	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
 1 = No, the MCH agency does not have this ability.
 2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
 3 = Yes, the MCH agency always has this ability.

FORM 19
 HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
 STATE: VI

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other: _____		

*Where:
 1 = No
 2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
 3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09B

Field Name: YRBSS_09B

Row Name: Youth Risk Behavior Survey (YRBS)

Column Name:

Year: 2013

Field Note:

The Virgin Islands has participated in the YRBSS, but the last recorded data is from 2000. The Dept of Education administered the YRBSS within the public schools in 2010 but the results are pending

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: VI

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	11.6	5.7	8.9	3.1	6.9
Numerator	205	106	156	42	122
Denominator	1,771	1,844	1,753	1,365	1,779

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator reflects # of live admissions to the Hospitals in each District as reported by the Nurseries.

Numerator is # of deliveries reported as < 2500grams by the Hospital nurseries.

Data for this measure is not available for reporting year 2011 from the Office for Health Statistics. Data is provisional pending official report.

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator reflects # of patients receiving services at the FQHC & DOH prenatal clinics (4).

Numerator is # of deliveries reported as < 2500grams.

Data for this measure is not available for reporting year 2010 from the Office for Health Statistics. Data is provisional pending official report.

3. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

Calendar year 2009 data obtained from the Office for Health Statistics. This is provisional data pending final tabulation and report.

Denominator reflects total # of births in the territory.

HEALTH STATUS INDICATOR #01B

The percent of live singleton births weighing less than 2,500 grams.

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	10.6	4.3	8.1	3.1	4.6
Numerator	187	80	139	42	80
Denominator	1,771	1,844	1,711	1,365	1,739

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

Data for this measure is not available for reporting year 2011 from the Office for Health Statistics. All data provided for HSI's provisional pending final tabulation and report. Denominator reflects the number of singleton births as reported by the hospital nurseries in both districts.

Numerator reflects the births that were singleton and less than 2500 grams.

2. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this measure is not available for reporting year 2010 from the Office for Health Statistics. All data provided for HSI's provisional pending final tabulation and report.

Denominator obtained from FQHC & DOH Prenatal Clinic services (4).

Numerator obtained from clinics reporting births < 2500grams in their client population.

3. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

Calendar year 2009 data obtained from Office for Health Statistics. This is provisional pending final tabulation and report.

HEALTH STATUS INDICATOR #02A

The percent of live births weighing less than 1,500 grams

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	1.4	0.4	1.4	0.7	3.3
Numerator	24	8	24	10	59
Denominator	1,771	1,844	1,753	1,365	1,779

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Denominator reflects # of live admissions to the Hospitals in each District as reported by the Nurseries.

Numerator is # of deliveries reported as < 1500grams by the Hospital nurseries.

Data for this measure is not available for reporting year 2011 from the Office for Health Statistics. Data is provisional pending official report.

2. **Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data for this measure is not available for reporting year 2010 from the Office for Health Statistics.

All data provided for HSI's provisional pending final tabulation and report.

Denominator obtained from FQHC & DOH Prenatal Clinic services (4).

Numerator obtained from clinics reporting births < 2500grams in their client population.

3. **Section Number:** Form20_Health Status Indicator #02A

Field Name: HSI02A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Calendar year 2009 data obtained from the Office for Health Statistics at time of submission.

This is provisional pending final tabulation and report.

HEALTH STATUS INDICATOR #02B

The percent of live singleton births weighing less than 1,500 grams.

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	1.3	0.6	1.2	0.0	3.3
Numerator	23	11	21	0	57
Denominator	1,771	1,844	1,753	1,642	1,739

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Denominator reflects # of live singleton admissions to the Hospitals in each District as reported by the Nurseries.

Numerator is # of singleton deliveries reported as < 1500grams by the Hospital nurseries.

Data for this measure is not available for reporting year 2011 from the Office for Health Statistics. Data is provisional pending official report.

2. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data for this indicator is not available for reporting year 2010 from the Office for Health Statistics.

Denominator obtained from Newborn Screening Program represents all live birth admissions. Data on singleton births is not collected.

3. **Section Number:** Form20_Health Status Indicator #02B

Field Name: HSI02B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Calendar year 2009 data obtained from Office for Health Statistics. This is provisional pending final tabulation and report.

HEALTH STATUS INDICATOR #03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	25,805	22,458	22,458	21,628	20,416

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Yes _____ Yes _____

Is the Data Provisional or Final?

Provisional Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2011

Field Note:

Data for this measure is not available from the DOH Office for Health Statistics at the time of this report and there are no other reporting data sources for this HSI. Denominator obtained from the 2009 VICS.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this measure obtained from the DOH Office for Health Statistics. Denominator obtained from the 2008 VICS.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

Calendar year 2009 data not available from Office of Vital Records & Statistics at time of submission.

Denominator obtained from 2007 VI Community Survey

HEALTH STATUS INDICATOR #03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	11.6	4.4	4.5	0.0	9.8
Numerator	3	1	1	0	2
Denominator	25,805	22,697	22,458	21,628	20,416

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

			Yes	Yes	
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Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- 1.
- Section Number:**
- Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2011**Field Note:**

Denominator obtained from USVI Community Survey 2009, Eastern Caribbean Center, University of the Virgin Islands

Numerator obtained from VI Office of Highway Safety.

- 2.
- Section Number:**
- Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data for this measure provided by the Office for Office for Highway Safety Traffic Crash Fatalities Annual Report 2010 reports no deaths in this age group for the reporting year.

- 3.
- Section Number:**
- Form20_Health Status Indicator #03B

Field Name: HSI03B**Row Name:****Column Name:****Year:** 2009**Field Note:**

Denominator obtained from USVI Community Survey 2007, Eastern Caribbean Center, University of the Virgin Islands

Numerator obtained from VI Office of Highway Safety.

HEALTH STATUS INDICATOR #03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	13.7	35.5	14.2	0.0	7.6
Numerator	2	5	2	0	1
Denominator	14,617	14,085	14,085	14,144	13,131

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

_____ Yes _____ Yes _____

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from USVI Community Survey 2009, Eastern Caribbean Center, University of the Virgin Islands

Numerator obtained from VI Office of Highway Safety.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2010

Field Note:

Data for this measure provided by the Office for Office for Highway Safety Traffic Crash Fatalities Annual Report 2010 reports no deaths in this age group for the reporting year.

Denominator obtained from the 2008 VICS.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from USVI Community Survey 2007, Eastern Caribbean Center, University of the Virgin Islands

Numerator obtained from VI Office of Highway Safety.

HEALTH STATUS INDICATOR #04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	472.8	312.8	472.0	295.9	1,988.6
Numerator	122	71	106	64	406
Denominator	25,805	22,697	22,458	21,628	20,416

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #04A

Field Name: HSI04A**Row Name:****Column Name:****Year:** 2011**Field Note:**

This data is from the Dept of Human Services and reflects the number of children that are maltreated via child abuse (physical, sexual and mental/emotional). This data does not reflect falls or poisons or any other type of injury. This data is from 2011 reporting year.

Data for this measure is not available from the DOH Office for Health Statistics at the time of this report.

2. **Section Number:** Fom20_Health Status Indicator #04A

Field Name: HSI04A**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data for this measure provided by the Office for Office for Highway Safety Traffic Safety Fact Sheet - Annual Report 2010.

Denominator obtained from the 2008 VI Community Survey.

3. **Section Number:** Fom20_Health Status Indicator #04A

Field Name: HSI04A**Row Name:****Column Name:****Year:** 2009**Field Note:**

Denominator obtained from 2007 VICS, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from Office for Highway Safety - 2009 Traffic Data Report.

HEALTH STATUS INDICATOR #04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	441.8	61.7	472.0	295.9	519.2
Numerator	114	14	106	64	106
Denominator	25,805	22,697	22,458	21,628	20,416

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from USVI Community Survey 2009, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI Office of Highway Safety.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

Data provided by the Office for Highway Safety 2010 Annual Report.

Data for this measure is not available for reporting year from other data sources such as EMS, hospital discharge.

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

Denominator obtained from 2007 VICS, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from Office for Highway Safety - 2009 Traffic Data Report.

HEALTH STATUS INDICATOR #04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	1,135.7	71.0	738.4	608.0	784.4
Numerator	166	10	104	86	103
Denominator	14,617	14,084	14,084	14,144	13,131

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2011**Field Note:**

Denominator obtained from USVI Community Survey 2009, Eastern Caribbean Center, University of the Virgin Islands.

Numerator obtained from VI Office of Highway Safety.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2010**Field Note:**

Data for this measure for reporting year 2010 obtained from the Office for Highway Safety.

Data not available from other data sources such as EMS or hospital discharge.

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2009**Field Note:**

Denominator obtained from 2007 VICS, Eastern Caribbean Center, University of the Virgin Islands

Numerator obtained from Office for Highway Safety - 2009 Traffic Data Report.

HEALTH STATUS INDICATOR #05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	28.4	39.5	41.2	44.7	59.8
Numerator	148	182	162	195	252
Denominator	5,210	4,606	3,936	4,361	4,213

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from 2009 VI Community Survey for population aged 15 -19 years.

Numerator obtained from DOH STD/HIV/TB Program

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator obtained from 2008 VI Community Survey.

Numerator obtained from DOH STD/HIV/TB Program.

3. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

Data for numerator provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2009. Inclusive of all testing sites in the territory.

Denominator obtained from 2007 VI Community Survey, Eastern Caribbean Center, University of the Virgin Islands.

HEALTH STATUS INDICATOR #05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	8.9	12.6	10.0	20.1	31.4
Numerator	152	236	181	382	544
Denominator	17,117	18,664	18,168	18,976	17,339

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator obtained from 2009 VI Community Survey of all females ages 20-44 years.

Numerator obtained from DOH STD/HIV/TB Program

2. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator obtained from 2008 VI Community Survey.

Numerator obtained from DOH STD/HIV/TB Program.

3. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Data for numerator provided from DOH STD/HIV/AIDS/TB Prevention Program for FY 2009. Inclusive of all testing sites in the territory.

Denominator obtained from 2007 VI Community Survey, Eastern Caribbean Center, University of the Virgin Islands.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0	0	0	0	0	0	0	0
Children 1 through 4	7,070	270	5,718	0	0	0	0	1,082
Children 5 through 9	6,557	268	5,252	0	0	0	0	1,037
Children 10 through 14	6,788	199	5,359	0	0	0	0	1,230
Children 15 through 19	7,937	186	6,342	0	0	0	0	1,409
Children 20 through 24	5,191	419	3,886	0	0	0	0	886
Children 0 through 24	33,543	1,342	26,557	0	0	0	0	5,644

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	0	0	0
Children 1 through 4	5,520	1,551	0
Children 5 through 9	5,255	1,302	0
Children 10 through 14	5,093	1,695	0
Children 15 through 19	6,201	1,735	0
Children 20 through 24	4,078	7,397	0
Children 0 through 24	26,147	13,680	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0	0	0	0	0	0	0	0
Women 15 through 17	37	0	0	0	0	0	0	37
Women 18 through 19	164	0	0	0	0	0	0	164
Women 20 through 34	603	0	0	0	0	0	0	603
Women 35 or older	102	0	0	0	0	0	0	102
Women of all ages	906	0	0	0	0	0	0	906

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	0	0	0
Women 15 through 17	0	0	0
Women 18 through 19	0	0	0
Women 20 through 34	0	0	0
Women 35 or older	0	0	0
Women of all ages	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	10	0	0	0	0	0	0	10
Children 1 through 4	0	0	0	0	0	0	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	0	0	0	0	0	0	0	0
Children 15 through 19	7	0	0	0	0	0	0	7
Children 20 through 24	0	0	0	0	0	0	0	0
Children 0 through 24	17	0	0	0	0	0	0	17

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	0	0	10
Children 1 through 4	0	0	0
Children 5 through 9	0	0	0
Children 10 through 14	0	0	0
Children 15 through 19	0	0	7
Children 20 through 24	0	0	0
Children 0 through 24	0	0	17

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #09A - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	25,523	0	0	0	0	0	0	25,523	2011
Percent in household headed by single parent	59.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percent in TANF (Grant) families	6.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Number enrolled in Medicaid	8,159	267	6,306	0	0	0	0	1,586	2011
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2011
Number living in foster home care	108	0	0	0	0	0	0	108	2011
Number enrolled in food stamp program	12,076	0	0	0	0	0	0	12,076	2011
Number enrolled in WIC	4,280	114	4,070	0	32	0	32	32	2011
Rate (per 100,000) of juvenile crime arrests	673.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	4.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011

HSI #09B - Demographics (Miscellaneous Data) Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	22,069	6,283	0	2011
Percent in household headed by single parent	0.0	0.0	42.0	2011
Percent in TANF (Grant) families	0.0	0.0	6.0	2011
Number enrolled in Medicaid	0	0	2,758	2011
Number enrolled in SCHIP	0	0	108	2011
Number living in foster home care	0	0	0	2011
Number enrolled in food stamp program	0	0	12,076	2011
Number enrolled in WIC	4,157	1,167	0	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	673.0	2011
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	5.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*
 Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	20,965
Living in rural areas	1,417
Living in frontier areas	0
Total - all children 0 through 19	22,382

Note:
 The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	107,343
Percent Below: 50% of poverty	19
100% of poverty	31
200% of poverty	47

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: VI

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	28,342
Percent Below: 50% of poverty	26
100% of poverty	0
200% of poverty	0

FORM NOTES FOR FORM 21

The data reported is from the 2009 Vital Statistics report, Vol 60, No1, Nov. 3, 2001. The data is reported by age and is not combined with race and ethnicity. Each of these categories are reported separately.
of the 1687 births for 2009, 469 were white, 1,193 were black, 6 were American Indian and 19 were Asian/Pacific Islander.

The data reported that 390 of the 1,687 were Hispanic and the rest were Non-Hispanic. The Hispanic population was broken down into: 6 Mexican, 195 Puerto Rican, 116 Central Americans, and 163 Other and Unknown Hispanic.

Data for 2011 was not available from the VI Health Statistics Bureau, therefore all data presented is provisional and based on 2009 statistics.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
This is not a separate category in any of the demographic data found - 2009 VI Community Survey of the Eastern Caribbean Center at the University of the Virgin Islands and KIDS Count Data
2. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
This number reflects the number of individuals under age 5 years. The category reported by both the VI Community Survey reported by the Eastern Caribbean Center of the University of the VI and the KIDS COUNT DATA begin with under age 5 years.
3. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
This category is not reported separately in the 2009 VI Community Survey. It is reported in the age group of under 5 years of age.
4. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
Data is from 2009 VI community Survey and only reports under age 5 years and not 1-5 years of age. The number represented is from age 0 - under age 5 years.
5. **Section Number:** Form21_Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2013
Field Note:
Data is not available from the Bureau of Health Statistics broke down into age and ethnicity.
6. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
There are 3 reported deaths for children ages 1-14 years that brings the total death to 20 instead of 17.
7. **Section Number:** Form21_Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
Data for this HSI is not currently available from the VI Bureau of Health and Vital Statistics.
Data is reported from KIDS Count Data of 2009 and includes group 0 -19 years of age. The presented data is an estimation because it does not include deaths for ages 20-24
8. **Section Number:** Form21_Indicator 08B
Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
Data for this HSI is not currently available from the VI Bureau of Health and Vital Statistics.
Data is reported from KIDS Count Data of 2009 and includes group 0 -19 years of age. The presented data is an estimation because it does not include deaths for ages 20-24.
9. **Section Number:** Form21_Indicator 09A
Field Name: HSI Race_Children
Row Name: All children 0 through 19
Column Name:
Year: 2013
Field Note:
Data presented is from KIDS Count Data for the VI for 2009. Demographic data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.
10. **Section Number:** Form21_Indicator 09A
Field Name: HSI Race_SingleParentPercent
Row Name: Percent in household headed by single parent

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. Demographic data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.

11. Section Number: Form21_Indicator 09A

Field Name: HSIRace_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. Demographic data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.

12. Section Number: Form21_Indicator 09A

Field Name: HSIRace_MedicaidNo

Row Name: Number enrolled in Medicaid

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. Demographic data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.

13. Section Number: Form21_Indicator 09A

Field Name: HSIRace_SCHIPNo

Row Name: Number enrolled in SCHIP

Column Name:

Year: 2013

Field Note:

This category is not applicable to the VI. SCHIP monies are used to supplement Medicaid and are not tracked separately.

14. Section Number: Form21_Indicator 09A

Field Name: HSIRace_FoodStampNo

Row Name: Number enrolled in food stamp program

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. Demographic data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.

15. Section Number: Form21_Indicator 09A

Field Name: HSIRace_WCNo

Row Name: Number enrolled in WIC

Column Name:

Year: 2013

Field Note:

Data is from the VI WIC program and represents 2011 data.

16. Section Number: Form21_Indicator 09A

Field Name: HSIRace_JuvenileCrimeRate

Row Name: Rate (per 100,000) of juvenile crime arrests

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. The data includes juvenile property crime arrests and juvenile violent crime arrests for youth ages 10-17 years. Demographic data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.

The VI Police Dept provided statistics for the year 2011 as 194 juveniles being detained. In the St. Thomas/ St. John District 62 males were detained and 10 females were detained. for the St. Croix District, 103 males were detained and 19 females were detained. Age group and ethnicity were not specified.

17. Section Number: Form21_Indicator 09A

Field Name: HSIRace_DropOutPercent

Row Name: Percentage of high school drop-outs (grade 9 through 12)

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. Demographic data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.

18. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_Children

Row Name: All children 0 through 19

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.

19. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_SingleParentPercent

Row Name: Percent in household headed by single parent

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. Ethnicity data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.

20. Section Number: Form21_Indicator 09B

Field Name: HSIethnicity_TANFPercent

Row Name: Percent in TANF (Grant) families

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. Ethnicity data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for

this reporting year

21. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
Data presented is from the VI Community Survey from the Eastern Caribbean Center of the University of the VI for 2009. Ethnicity data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year
22. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
Data presented is from KIDS Count Data for the VI for 2009. Ethnicity data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year
23. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
Data presented is from KIDS Count Data for the VI for 2009. Ethnicity data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year
24. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_WCNo
Row Name: Number enrolled in WMC
Column Name:
Year: 2013
Field Note:
Data is from the VI WMC program and represents 2011 data.
25. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2013
Field Note:
Data presented is from KIDS Count Data for the VI for 2009. The data includes juvenile property crime arrests and juvenile violent crime arrests for youth ages 10-17 years. Demographic data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year. Th VI Police Dept provided statistics for the year 2011 as 194 juveniles being detained. In the St. Thomas/ St. John District 62 males were detained and 10 females were detained. for the St. Croix District, 103 males were detained and 19 females were detained. Age group and ethnicity were not specified.
26. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2013
Field Note:
Data presented is from KIDS Count Data for the VI for 2009. Ethnicity data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year
27. **Section Number:** Form21_Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2013
Field Note:
The Virgin Islands used to be classified as rural but the latest Demographic profile from the sections of 2010 Census that have been released reports that 95% of the population is urban. This is just an estimation until the final results are posted. This is just an estimation until the final results are posted.
28. **Section Number:** Form21_Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2013
Field Note:
.The Virgin Islands used to be classified as rural but the latest Demographic profile from the sections of 2010 Census that have been released reports that 95% of the population is urban.
29. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2013
Field Note:
Total population is based on the 2009 VI Community Survey
30. **Section Number:** Form21_Indicator 11
Field Name: S11_50percent
Row Name: Percent Below. 50% of poverty
Column Name:
Year: 2013
Field Note:
Data is from the 2009 VI Community Survey and is based on 75% of poverty and not 50%. There was no category for 50%.
31. **Section Number:** Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty

Column Name:

Year: 2013

Field Note:

Data is from the 2009 VI Community Survey from the Eastern Caribbean Center of the University of the Virgin Islands. The data reflects 125% of poverty and not 100% of poverty. The data has no 100% category of poverty.

32. **Section Number:** Form21_Indicator 11

Field Name: S11_200percent

Row Name: 200% of poverty

Column Name:

Year: 2013

Field Note:

data is based on the 2009 VI Community Survey results

33. **Section Number:** Form21_Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2013

Field Note:

Data is from the 2009 VI Community Survey from the Eastern Caribbean Center of University of the Virgin Islands.

34. **Section Number:** Form21_Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2013

Field Note:

Data is from the 2009 VI Community Survey from the Eastern Caribbean Center of University of the Virgin Islands

35. **Section Number:** Form21_Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2013

Field Note:

The 2009 VI Community Survey only reports the number of children below poverty as 26% (7625 out of 28,342). There is no report for the number of children 100% or 200% below poverty.

Data for 2011 was not available from the VI Health Statistics Bureau, therefore all data presented is provisional and based on 2009 statistics.

36. **Section Number:** Form21_Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2013

Field Note:

The 2009 VI Community Survey only reports the number of children below poverty as 26% (7625 out of 28,342). There is no report for the number of children 200% or 200% below poverty.

Data for 2011 was not available from the VI Health Statistics Bureau, therefore all data presented is provisional and based on 2009 statistics.

37. **Section Number:** Form21_Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. Demographic data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.

38. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2013

Field Note:

Data presented is from KIDS Count Data for the VI for 2009. Ethnicity data was not provided for this category. The Bureau of Health and Vital Statistics did not have this data available for this reporting year.